Monsanto Company 104(e) Response NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004 Expires 2-29-84

بوسوخ تفاده الموا	Walley American Chemical	147
racility your	/Location if different)	
NAME	Monsanto Industrial Chemicals Company	
ADDRESS	9229 E. Marginal Way S.	
	P.O. Box 80963	
	Seattle, Washington 98108	
FACILITY	Vanillin Production Plant	
LOCATION	9229 E. Marginal Way S., Seattle, WA	_

(17-19) WA-000309-3 001 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD мо DAY YEAR MO DAY (20-21) (22-23) (24-25) (26.27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER		(3 Card Only) QUA (46-53)	NTITY OR LOADIN (54-61)	(22-23) (24 1G	(4 Card Only) (38-45)	28-29) (30-31) NO QUALITY OR CONC (46-53)	ENTRATION (54-61)		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	атіии	мимим	AVERAGE	MUMIXAM	UNITS	(62-63)	(64-68)	(69-70)
:	SAMPLE MEASUREMENT	0	0						0	Contin- uous	Calc.
Flow	PERMIT REQUIREMENT	100,000	200,000	gpd						Monthly	Calc.
	SAMFLE MEASUREMENT	N.A.	N.A.						0	N.A.	N.A.
Temperature	PERMIT REQUIREMENT	75	85	°F	****					Monthly	Grab
	SAMPLE MEASUREMENT				N.A.		N.A.		0	N.A.	N. A.
рН	PERMIT REQUIREMENT	Olem (Cap State)	9000 1000 AQS		6.0		9.0			Monthly	Grab
	BAMPLE MEASUREMENT						N.A.		0	N.A.	N. A.
Total Oils No visible sheen	PERMIT REQUIREMENT	Carest elition 6/2014	Out also may				15	mg/L		Monthly	Grab
	SAMPLE MEASUREMENT	:				N.A.	N.A.		0	N.A.	N. A.
Zinc	PERMIT REQUIREMENT	Marin Santa SEES	case year year			1.0	1.5	mg/L		Monthly	Grab
•	SAMPLE MEASUREMENT						N.A.		0	N.A.	N. A.
Chlorine	PERMIT REQUIREMENT		900 100g 600.				0.5	mg/L		Weekly	Grab
	SAMPLE MEASUREMENT		;								
·	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE	AND	TIFY UNDER PENALTY C	INFORMATION SUBMIT	FO HEREIN A	ND BYZEU (1)	- 0 20	000	TELEPHON	E	DA	TE
David P. Alt Plant Manager	THE P	Y INQUIRY OF THOSE NING THE INFORMATION UE. ACCURATE AND CONT. PENALTIES FOR SOSSIBILITY OF FINE AND COSSIBILITY OF FINE AND C	ID IMPRISONMENT SEE	18 U.S.C. 1	FORMATION CARE SIGNATION INCLUDING	ure of principal	EXECUTIVE 206	5 764-4	1450	86 0	1 03
TYPED OR PRINTED	and or	USC \$1319 (Penalues under these statutes may include fines up to \$10,090) OFFICER OR AUTHORIZED AGENT CODE. AREA CODE.								YEAR M	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The flow of this outfall during the six-month reporting period was zero.

Monsanto Company 104(e) Response DISCHARGE MONITORING REPORT (DMR)

> (2-16)(17-19)WA-000309-3 001 PERMIT NUMBER DISCHARGE NUMBER

I UTILI PAPPIULU OMB No. 2040-0004 Expires 2-29-84

9229 E. Marginal Way 5. P.O. Box 80963 Seattle, Washington 98108 Vanillin Production Plant 9229 E. Marginal Way S., Seattle, WA FROM

Facility Name/Location if different)
MANNE Monsanto Industrial Chemicals Company

MONITORING PERIOD MO DAY YEAR YEAR MO DAY 30 85 | 06

			(20-21) (22-23) (2-	(26.27)	(28-29) (30-31) N	OTE: Read instr	uctions before	comp	leting this f	orm.
PARAMETER		(3 Card Only) QL (46-53)	JANTITY OR LOAD! · (54-61)	NG	(4 Card Only) (38-45)	QUALITY OR CONG (46-53)	CENTRATION (54-61)		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE MAXIMUM UNITS			MUMINIM	AVERAGE	MUMIXAM	атіии	(62-63)	ı	(69-70)
	SAMPLE MEASUREMEN	чт 240	17,280						0	Contin- uous	Calc
Flow	PERMIT REQUIREMEN	100,000	200,000	gpd						Monthly	Calc.
	SAMPLE MEASUREMEN	NT 64	66					,	0	Monthly	Grab
Temperature	PERMIT REQUIREMEN	ar 7.5	85	°F						Monthly	Grab
	SAMPLE MEASUREMEN	чт			6.4		6.8		0	Monthly	Grab
рН	PERMIT REQUIREMEN	т			6.0		9.0			Monthly	Grab
Total Oils No visible sheen	SAMPLE MEASUREMEN	NT					3		0	Monthly	Grab
	REQUIREMEN	т					15	mg/L		Monthly	Grab
	SAMPLE MEASUREMEN	NT				0.01	0.01		0	Monthly	Grab
Zinc	PERMIT REQUIREMEN	т				1.0	1.5	mg/L		Monthly	Grab_
	SAMPLE MEASUREMEN	vT					0.2		2*	Weekly	Grab
Chlorine	, PERMIT REQUIREMEN	н					0.05	mg/L		Weekly	Grab
	SAMPLE MEASUREMEN	NT									
	PERMIT REQUIREMEN	17									
NAME/TITLE PRINCIPAL EXECUTIV	ANI	FRTIFY UNDER PENALTY	INFORMATION SUBMIT	TED HEREIN A	ND BASED IN	4		TELEPHON	E	DA	TE
David P. Alt Plant Manager	ON OB IS NIFI THE	MY INQUIRY OF THOSE TAILING THE INFORMATION TRUE, ACCURATE AND COLONAL FOR POSSIBILITY OF FINE A	INDIVIDUALS IMMIDIA ON, I BELIEVE THE S COMPLETE, I AM AWARI SUBMITTING FALSE II SUBMITTING FALSE II ON IMPRISONMENT SE	TELY RESPON SUBMITTED INF E THAT THERE NEORMATION: E 18 U.S.C. !	SIBLE FOR FORMATION ARE SIG	id P. a	Lt :	206 764-	4454	85 07	, 03
TYPED OR PRINTED	33 und	USC § 1319 - Henaltick in For maximum imprisonment	nder these statutes may of between 6 months and .	include fines u 5 years.)	* 10. \$10.000	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			BER	YEAR M	
								ORE NUM			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

*There was no measureable flow to the river during the time of these excursions.

Monsanto Company 104(e) Response DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004 Expires 2-29-84

Monsanto Industrial Chemicals Company ADDRESS 9229 E. Marginal Way S. P.O. Box 80963 Seattle, Washington 98108 FACILITY Vanillin Production Plant LOCATION 9229 E. Marginal Way S., Seattle, WA

(2-16) (17-19)WA-000309-3 001 PERMIT NUMBER DISCHARGE NUMBER

PERIOD MONITORING YEAR MO DAY YEAR MO DAY TO 84 84 12 | 31

			(20-21)	(22-23) (24	(26-27)	(28-29) (30-31) NO	DTE: Read instruc	tions before	comp	leting this f	orm.
PARAMETER		(3 Card Only) QUA (46-53)	NTITY OR LOADIN (54-61)		(4 Card Only) (38-45)	QUALITY OR CONC (46-53)	ENTRATION (54-61)		NO.	FREQUENCY	SAMPLE TYPE
(32-37)		AVERAGE	MUMIKAM	UNITS	MINIMUM	AVERAGE	MAXIMUM	иніта	(62-63)	(64-68)	(69-70)
	SAMPLE MEASUREMENT	0	1,440		_	_	<u>.</u>		0		
Flow	PERMIT REQUIREMENT	100,000	200,000	gpd				-		Monthly	Calc
	SAMPLE MEASUREMENT	68	68		_	_	· _		0		
Temperature	PERMIT REQUIREMENT	75	85	°F						Monthly	Grab_
	SAMPLE MEASUREMENT	-	•••		6.5	-	6.5		0.		
рН	PERMIT REQUIREMENT				6.0		9.0			Monthly	Grab_
	SAMPLE MEASUREMENT	_		_	-	_	13		0		
Total Oils No visible sheen	PERMIT REQUIREMENT		esis suur auce				15	mg/L		Monthly	Grab
	SAMPLE MEASUREMENT	-				0.1	0.1		0		
Zinc	PERMIT REQUIREMENT					1.0	1,5	mg/L		Monthly	Grab
	SAMPLE MEASUREMENT		-	_	_		0.02		0		
Chlorine	PERMIT REQUIREMENT						0.05	mg/L		Weekly	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
AME/TITLE PRINCIPAL EXECUTIVE	AND AL	A FAMILIAR WITH THE	OF LAW THAT I HAVE	FO HEREIN A	NO BASED	_		TELEPHON	E	DA	TE
Ronald E. Rhoades Plant Manager	ON MY OBTAIN IS TRIJ NIEICAN	INQUIRY OF THOSE ING THE INFORMATION E ACCURATE AND GO IT PENALTIES FOR S	INDIVIDUALS IMMEDIAT I BELIEVE THE SU MAPLETE I AM AVARE RUBMITTING FALSE IM D IMPRISONMENT SEE	ELY RESPONS JBMITTED INF THAT THERE FORMATION:	SIBLE FOR ORMATION ARE SIG. INCLIDING	. Rhoades	1206	5 764-4	<i>1</i> 50	85	1 31
TYPED OR PRINTED	1 33 US (1 1319 (Penaltics und	D IMPRISONMENT SEE fer these statutes may u I between 6 months and 5	nelude lines ur	to \$10,000 SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE 206 OFFICER OR AUTHORIZED AGENT CODE				YEAR M	

206	764-4450	85	1	31
GODE	NUMBER	YEAR	мо	DAY

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

INSTRUCTIONS

12-3 (17-19) WA 2869 47 30'56"N 000309-3 122 18'12"W ST PERMIT NUMBER DIS SIC LATITUDE LONGITUDE 8 4 0 1 8 4 0630 REPORTING PERIOD: FROM YEAR MO DAY YEAR MO DAY

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing, asterisks. "AVERAGE" is average computed over actual time discharge is operating, "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
 Specify the number of analyzed samples that exceed the maximum (and/or minimum as appropriate) permit conditions in the columns labeled "No. Ex." If none, enter "O".

A Specify frequency of analysis for each parameter as No. Ex. If none, enter "O".

4. Specify frequency of analysis for each parameter as No. analyses/No. days. (c.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."

5. Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".

The recognition of the second second

6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.
8. Fold along dotted lines, steple and mall Original to office specified in permit.

(32-37)	<u> </u>	(3 card only)	QUANTI (48-53)	ITY				f card only)		FRATION			(04-00)	(69-70)
PARAMETER		(36-45) MINIMUM	(45-53) AVERAGE	MAXIMU		ITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	OF ANALYSIS	SAMPLE TYPE
FLOV	REPORTED		18,000	36,0	00 gr	od	0						Continuous	Calculat
FLOW	PERMIT CONDITION		100,000	200,0	00								1/30	Calculat
TEMPERATURE	REPORTED		64		72 c	o _F	0						1/30	Grab
	PERMIT		75		85	r 	70					1	1/30	Grab
рН	REPORTED							6.9		8.1	J	0	1/30	Grab
	PERMIT		:				334	6.0		9.0	pН	1:	1/30	Grab
TOTAL OILS	REPORTED									14	mg/L	0	1/30	Grab
	PERMIT CONDITION									15	mg/ L		1/30	Grab
ZINC	REPORTED								0.3	1.3	mg/L 0	0	1/30	Grab
2110	PERMIT								1.0	1.5	mg/ L		1/30	Grab
CHLORINE .	REPORTED	·								0.05	mg/L	0	1/7	Grab
CHEORINE	PERMIT						Si i si			0.05	mg/ L		1/7	Grab
	REPORTED													
	PERMIT CONDITION						7,7							
	REPORTED'									-				
	PERMIT	:					\$ P							
NAME OF PRINCIPAL EXECUTIVE	E OFFICER	TITLE	OF THE OFFICER		DATE		I corti	v that I am fami	iliac with the info	omation contained	in this	۶ ,	20.00	
Rhoades, Ronald E.	M1	Plant Man	Plant Manager 8 4			Ol3								EXECUTIVE

EPA Form 3320-1 (10-72)

DISCHARGE MONITORING REPORT

INSTRUCTIONS.

12-31 [4-16] 47⁰30'56"N 122⁰18'12"W WA 000309-3 2869 ST PERMIT NUMBER DIS LATITUDE LONGITUDE SIC (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) 8 3 8 4 1 | 2 3 | 1 REPORTING PERIOD: FROM YEAR МО YEAR МО DAY

EPA Form 3320-1 (10-72)

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating, "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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Specify frequency of analysis for each parameter as No. analyses/No. days. (e.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."

Specify sample type ("grab" or "___ hr. composito") as applicable. If frequency was continuous, enter "NA".

6. Appropriate signature is required on bottom of this form.

7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

(32-37) PARAMETER		(3 card only) (38-45)	QUAN1 - (46-53)	(54-61)			(4 card only)	CONCENT (45.53)	RATION (54-61)		(62-53)	FREQUENCY OF	(69-70) SAMPLE
PAHAMEIER		MINIMUM	AVERAGE	MUMIXAM	UNITS	NO. EX	мимим	AVERAGE	MUMIXAM	UNITS	NO. EX	ANALYSIS	TYPE
FLOW	REPORTED		10,800	141,120	gpď	0						Continuous	Calcula
. 2011	PERMIT CONDITION		100,000	200,000	7 964					7		1/30	Calcula
TEMPERATURE	REPORTED		69	75	°F	0						1/30	Grab
	PERMIT CONDITION		75	85								1/30	Grab
	REPORTED						5.5		6.8	рН	1	1/30	Grab
рН	PERMIT CONDITION					(4) (4) (7) (4)	6.0		9.0			1/30	Grab
7071 01 0	REPORTED								7	mg/L	0	1/30	Grab
TOTAL OILS	PERMIT CONDITION					1.1			15			1/30	Grab
ZINC	REPORTED							0.04	0.1	mg/L	0	1/30	Grab
ZINC	PERMIT			-		มอร์เ การ		1.0	1.5	g/ =		1/30	Grab
CHLORINE	REPORTED		:						0.10	mg/L	1	1/7	Grab
٠,	PERMIT								0.05			1/7	Grab
	REPORTED		,										
	PERMIT CONDITION					V.17							
	REPORTED			,									
	PERMIT CONDITION	1			`								
NAME OF PRINCIPAL EXECUTIV	E OFFICER	TITLE	OF THE OFFICER	_	DATE			liar with the infor		in this	10 6	1 ERhoa	Por
Rhoades, Ronald E.		Plant M	Manager 8 4			mation is true, complete, and accurate. Signature OF PRIN							LEXECUTIV

Monsanto 2i000165

PAGE

INSTRUCTIONS

(4-16) 47°30'56"N | 122°18'12"W 2869 000309-3 WA ST PERMIT NUMBER DIS LONGITUDE SIC LATITUDE (20-21) (22-23) (24-25) (28-27) (29-29) (30-31) 0 6 3 0 1 | 0 | 1 | 0 | 3 | 8 | 8 3 REPORTING PERIOD: FROM ΤO YEAR MO DAY YEAR MO DAY

Provide dates for period covered by this report in spaces marked "REPORTING PERIOD".
 Enter reported minimum, average and maximum values under "QUANTITY" and "CONCENTRATION" in the units specified for each parameter as appropriate. Do not enter values in boxes containing asterisks. "AVERAGE" is average computed over actual time discharge is operating, "MAXIMUM" and "MINIMUM" are extreme values observed during the reporting period.
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4. Specify frequency of analysis for each parameter as No. analyses/No. days. (c.g., "3/7" is equivalent to 3 analyses performed every 7 days.) If continuous enter "CONT."
Specify sample type ("grab" or "__ hr. composite") as applicable. If frequency was continuous, enter "NA".

6. Appropriate signature is required on bottom of this form.
7. Remove carbon and retain copy for your records.

8. Fold along dotted lines, staple and mail Original to office specified in permit.

PARAMETER	l	(3 card only) (38-45)	QUANT	TTY (54-61)			(4 card only) (38-45)	CONCENT	RATION (54-61)		162-63	FREQUENCY	SAMPL		
· AMARIE CEN		, WINIWAM	AVERAGE	MURIXAM	UNITS	NO. EX	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	ANALYSIS	TYPE		
FLOW	REPORTED		18,000	118,080	gpd	0					1	Continuous	Calcul		
	PERMIT CONDITION		100,000	200,000	O.			,				1/30	Calcul		
TEMPERATURE	REPORTED		60	69	o _F	0						1/30	Grab		
	PERMIT		75	85								1/30	Grab		
рН	REPORTED							5.3		8.0	рН	1	1/30	Grab	
	PERMIT CONDITION						6.0	1	9.0			1/30	Grab		
TOTAL OILS	REPORTED								29	/7	1	1/30	Grab		
	PERMIT CONDITION								15	mg/L		1/30	Grab		
ZINC	REPORTED							0.1	0.1		0	1/30	Grab		
	PERMIT							1.0	1.5	mg/L		1/30	Grab		
CHLORINE	REPORTED						•		0.3	/7	4	1/7	Grab		
* (PERMIT					:			0.05	mg/L		1/7	Grab		
	REPORTED			,											
	PERMIT CONDITION														
	REPORTED														
	PERMIT	!													
NAME OF PRINCIPAL EXECUTIV	E OFFICER		OF THE OFFICER		DATE	I cort	ily that I am fami	In this		16 Pl.	10/00				
Rhoades, Ronald E.		Plant Man		8 3 (1 1 1 1	1 cortify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.						ROTALD E RAPACILL SIGNATURE OF PRINCIPAL EXECU			
ST FIRST	MS		TITLE	YEAR	YEAR MO DAY							OFFICER OR AUTHORIZED AG			